

**Case Management:**

Case Management means a service that enables a participant to receive a full range of appropriate services in a planned, coordinated, efficient and effective manner. Case Management assists participants in gaining access to needed waiver services, other State plan services, and needed medical, social, educational and other services, regardless of the funding source for the services. Case Management must be reflected in the Individualized Support Plan (ISP) as developed by the Individual's Support Team (IST) and must address needs identified through the Person Centered Planning (PCP) process.

**Reimbursable Activities**

- Developing, updating, and reviewing the Individualized Support Plan (ISP) using the PCP Process.
- Completing a DDRS-approved risk assessment tool during service plan development, initially, annually and when there is a change in the participant's status.
- Identifying resources, negotiating the best solutions to meet identified needs, and educating participants and their natural supports about available resources.
- Cultivating and strengthening informal and natural supports for each participant
- Conducting face-to-face contacts with the individual (and family members, as appropriate) at least once every 90 calendar days and as needed to ensure health and welfare and to address any reported problems or concerns.
- Convening team meetings consistent with the expectations specified in the ISP. Team meetings will be held no less than every quarter and as needed to discuss the ISP and any other issues needing consideration in relation to the participant.
- Monitoring of service delivery and utilization (via telephone calls, home visits and team meetings) to ensure that services are being delivered in accordance with the ISP.
- Communicating regularly (via preferred method of communication including but not limited to telephone calls and emails) with the individual's providers and natural supports educations resources to promote team coordination.
- Completing and processing the annual Level of Care determination.
- Completing at least one monthly case note for each participant.
- Completing and processing the 90-Day Checklist and/or other required checklist(s)
- Developing initial, annual and updated Cost Comparison Budgets using the Medicaid approved process.
- Disseminating information including all Notices of Action and forms to the participant and the Individualized Support Team (IST) within five business days of the IST meeting.
- Completing, submitting and following up on incident reports in accordance with DDRS-approved process, including notifying the family/guardian of the incident outcome, all of which must be verifiable by documented supervisory oversight and monitoring of the Case Management agency.
- Monitoring participants' health and welfare.
- Monitoring participant's satisfaction and service outcomes.

- Monitoring claims reimbursed through the approved Medicaid Management Information System (MMIS) and pertaining to waiver-funded services.
- Maintaining files in accordance with Medicaid standards.

NOTE: Timeframes related to required activities, service standards and/or responsibilities of the Case Manager are specified in the DDRS manual located at <http://www.in.gov/fssa/ddrs/4312.htm>

### **Service Standards:**

Case Managers must understand, maintain and assert that the Medicaid program functions as the payer of last resort. The role of the Case Managers includes care planning, service monitoring, working to cultivate and strengthen informal and natural supports for each participant, and identifying resources and negotiating the best solutions to meet identified needs.

To meet these ends, Case Managers are required to do the following (many of which are reimbursable activities as indicated above):

- Spend sufficient time exploring, pursuing, accessing and maximizing the full array of non-waiver-funded services, supports, resources and unique opportunities available within the participant's local community, thereby enabling the Medicaid program to supplement other programs or resources.
- Be a trained facilitator who has completed a training provided by a Division of Disability and Rehabilitative Services (DDRS)/Bureau of Developmental Disabilities Services (BDDS)-approved training entity or person; observed facilitation; and participated in a person centered planning meeting prior to leading an Individualized Support Team (IST).
- Monitor participant outcomes using a State-approved standardized tool.
- Complete and process the annual Level of Care determination within specified timeframes.
- Complete and process the 90-Day Checklist or other relevant checklists in a timely fashion. (Completion must be face-to-face.)
- Provide a 60-day notice to the person (and to his or her legal guardian, if applicable) prior to the termination of Case Management services for a waiver participant receiving intensive support coordination.
  - Provide a pick list of alternate DDRS-approved Case Management provider agencies and assist the participant in selecting a new Case Management provider upon request of the participant and/or his or her legal guardian if applicable.
  - Noting the participants have the right to select and transition to a new provider of Case Management services at any time, only one Case Management provider agency may bill for the authorized monthly unit of Case Management services during any given month. With the DDRS approval of the participant's Plan of Care/Cost Comparison Budget (CCB), a single prior authorization of the monthly Case Management service unit should be sent from the operating agency (DDRS) to the contractor of the Medicaid Management Information System (MMIS). Therefore, it is *recommended* that transitions from one Case Management agency to another occur on the first day of the month. When transitions occur on other days of the month, the two providers of Case Management services must determine which provider agency will bill and whether or not one agency owes the other a portion of the

monthly fee. Providers will handle any such transactions and/or arrangements amongst themselves, with both (or all) provider agencies being held responsible for documenting these transactions in regard to future financial audits.

In addition, Case Managers must not be:

- Related by blood or marriage to the participant
- Related by blood or marriage to any paid caregiver of the participant
- Financially responsible for the participant

**Activities Not Allowed:**

- The owner(s) of one Case Management agency may not own multiple Case Management agencies
- The owner(s) of one Case Management agency may not be a stakeholder of any other waiver service agency
- There may be no financial relationship between the referring Case Management agency, its staff and the provider of other waiver services.
- Reimbursement is not available through Case Management Services for the following activities or any other activities that do not fall under the definition listed above:
  - Services delivered to persons who do not meet eligibility requirements established by BDDS.
  - Counseling services related to legal issues. Such issues shall be directed to the Indiana Advocacy Services, the designated Protection and Advocacy agency under the Developmental Disabilities Act and Bill of Rights Act, P.L. 100-146.
  - Services furnished to a minor by a parent(s), step-parent(s), or legal guardians
  - Services furnished to a participant by the participant's spouse – Case management conducted by a person related through blood or marriage to any degree to the waiver participant
- Individuals may not receive Case Management concurrently with Intensive Support Coordination

**Documentation**

Documentation of the following is required:

- Documentation of case management responsibilities as outlined in the ISP
- Any significant issues involving the participant requiring intervention by the Case Manager
- Data record of case management activities documenting the complete date and time entry (including a.m. or p.m.). If the individual providing the service is required to be professionally licensed, the title of that individual must also be included. For example, if a nurse provides the case management services including but not limited to ensuring the individual is following the doctor's orders regarding medications and reporting on the effectiveness of the medication, the nurse's title should be included.

- Documentation of any face to face contact or phone/technology related communication with the participant and a health care professional and any recommendations provided by that professional.
- Documentation of any face to face contact or phone/technology related communication with any behavioral professional and any recommendations provided by that professional.
- Documentation of any face to face contact with any pharmacist or any consultation that occurred with the pharmacist during that day and any recommendations provided by that professional
- Description of at least one meaningful activity on behalf of the individual waiver participant each calendar month. Documentation of all CM activities must include the complete date and time entry (including a.m. or p.m.).
  - At a minimum, a case note must be completed within seven calendar days of an activity or event.

**Specify applicable limits on the amount, frequency or duration of this service:**

Flat fee with unit of Service: 125.00 per member per month

Limit: 12 months per member per year

**Agency Training Requirements:**

Documentation that the following training requirements have been met must be maintained and able to be produced at the request of DRS or its contracted agents:

- Prior to working with an individual participant, the Case Manager will have received training on:
  - Training on developing and implementing the individual service plan (ISP)
  - Professional skill development (designing goals, communication skills, etc.)
  - Behavioral Intervention
  - Training on ensuring the health and welfare of the participant in the home

**PROVIDER QUALIFICATIONS**

Pursuant to Indiana Regulation 460 IAC-614-4, the framework upon which providers of Case Management training requirements are based consist of:

- 1) Respecting the dignity of an individual
- 2) Protecting an individual from abuse, neglect, and exploitation
- 3) Developing and Implementing person centered planning and the ISP; and
- 4) Communicating successfully with an individual

In accordance with Indiana Code [IC 12-11-1.1-1], Case Management providers must be accredited by at least one (1) of the following organizations:

- a) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.
- b) The Council on Quality and Leadership in Supports for People with Disabilities, or its successor.

- c) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.
- d) The National Committee for Quality Assurance, or its successor.
- e) The ISO-9001 human services QA system.
- f) The Council on Accreditation, or its successor.
- g) An independent national accreditation organization approved by the secretary.

Case Management Companies must:

- Be enrolled as an active Medicaid provider
- Be DDRS Approved
- Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to:
  - 460 IAC 6-10-5 Criminal Histories
  - 460 IAC 6-11 Financial Status of Providers
  - 460 IAC 6-12 Insurance
  - 460 IAC 6-19 Case Management
- Comply with the Case Management Service Checklist as well as any applicable BDDS service standards, guidelines, policies and/or manuals, including DDRS Waiver Manual and DDRS BDDS Policy Manual
- Be bonded through Surety Bonding
- Carry professional liability insurance on all case managers hired by the agency
- Employ at least one full-time Registered Nurse
- Retain at least two full-time, certified Case Managers within the organizational structure in order to submit an application and receive approval as a DDRS-approved provider of Case Management services
- Require that each Case Manager (employed by the DDRS-approved Case Management agency) obtain certification/proof of competency demonstrated through successful completion of the DDRS/BBDS-approved case management training curriculum, attaining of a test score no lower than 95%
- Comply with DDRS rules regarding required criminal background checks for every employee/partner hired or associated with the approved Case Management provider agency
- Retain at least one full time compliance officer to actively monitor all areas of compliance
- Provide and maintain a 24/7 emergency response system that does not rely upon the area 911 system and provides assistance to all waiver participants. The 24/7 line staff must assist participants or their families address immediate needs and contact the participant's case manager to ensure arrangements are made to address the immediate situation and to prevent reoccurrences of the situation.
- Maintain sufficient technological capability to submit required data electronically in a format and through mechanisms specified by the State.
- Electronically enter all case information at the frequency specified by the Division.
- Ensure each Case Manager is properly equipped to conduct onsite processing (has a laptop computer or other portable technology).

- Ensure each Case Manager is properly equipped to conduct two-way mobile communications and is accessible as needed to the participants he or she serves (has a cell phone, I phone or other similar equipment).
- Ensure that Case Managers are trained in the Person-Centered Planning Process and in the development of person-centered descriptions. -
- Have a mechanism for monitoring the quality of services delivered by Case Managers and reporting on and addressing any quality issues that are discovered.
- All DDRS-approved Case Management agencies specifically agree to comply with the provisions of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 *et seq.* and 47 U.S.C. 225).
- Have the capability to effectively and efficiently communicate with each participant by whatever means is preferred by the participant, including accommodating participants with Limited English Proficiency (LEP).